

CAN Program 2004 GRANT APPLICATION

Please complete the CPS grant application and submit with the information described below. Incomplete applications as well as those that are received after the deadline will not be considered.

Appl	licatio	n must be no longer than three pages and include the tollowing intormation:	
The o		Program goals, objectives, and initiatives to be supported by the grant Program implementation dates Targeted clients/audience/service areas Description of how the program will be evaluated Opportunity for donor recognition Written commitment that an outcome report will be submitted to CPS when the grant award is expended or as requested by CPS ation must also be accompanied by the following appendices:	
		Copy of IRS 501c(3) ruling and federal tax identification number Recently audited financial statements, income, and expense budget signed by an individual that oversees the agency and who is not an employee List of independent, volunteer board of directors, advisory committee members, and key management personnel	
awa	-	cations receiving grants from CPS must have a W-9 form on file. If an organization is a grant, it will be required to complete a W-9 form and submit it to CPS prior to grant ent.	
	-	applications must be received by CPS by June 30, 2004 by 5:00pm (Pacific). Mail eted original grant application to:	
CPS 241	Huma Lathro	Grant Program n Resource Services op Way o, CA 95815	
	-	y of the grant application to the CPS Office nearest you. Please mark the package: CAN Grant Program	
	Madison, Wisconsin - 2923 Marketplace Drive, Suite 108, Madison, WI 53719 Washington, D.C. – 444 North Capitol Street #201, Washington DC 20001 Atlanta, GA – 150 Interstate North Pkwy SE, Suite 205, Atlanta, GA 30339 Chicago, II – 10600 W. Higgins Road, Suite 524, Rosemont, IL 60018 Crystal City, VA – 2711 Jefferson Davis Hwy, Suite 900, Arlington, VA 22202		



2004 GRANT APPLICATION FORM

(Please print – you may use additional paper to answer questions)

The CPS priority areas for the 2004 funding year are **Youth Services** and **Family Living and Assistance**. Only non-profit 501c(3) organizations that provide services to one of these two focus areas will be considered for grant awards.

Name of Organization		
Address		
City	State	Zip Code
Amount of Grant Request		
Web Address		
Executive Director		
Contact Name		Title
Phone Number (include area code)		FAX
Email Address (for confirmation receipt)		
Brief description of organization's miss operation, and major accomplishments		rganizational history, number of years in
Brief description of request and how the		ed to meet the organization's goals and
		eported?
We certify that the information contained awarded a grant, the grant will be app	d within this applicatio lied to the program, p received, an outcome i	n is correct, and if our organization is urpose, or initiative consistent with this report will be submitted to CPS within 30
Executive Director (signature)	Date	
Board President (signature)	Date	